



Honeywell's Docket No. 30-4959 DIV2 -4010  
Practitioner's Docket No. 7211445002-3221000

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Richard Pommer

Application No.: 10/715,953

Group No.: 3726

Filed: November 17, 2003

Examiner: Eric B. Compton

For: ALIGNMENT PLATE WITH MATCHED THERMAL COEFFICIENT OF EXPANSION

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Arlington, VA 22313-1450**

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is other than a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 do not apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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**CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))**

I hereby certify that, on the date shown below, this correspondence is being:

**MAILING**



deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the PO Box 1450, Alexandria, VA 22313-1450.

**FACSIMILE**



transmitted by facsimile to the Patent and Trademark Office.

Date: February 9, 2005

  
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Kristin J. Azcona

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	9 Minus	20	= 0	x \$18 =	\$0
Indep.	1 Minus	3	= 0	x \$88 =	\$0
First Presentation of Multiple Dependent Claim				+ \$2970 =	\$0.00
				Total Addit. Fee	<u>\$0.00</u>

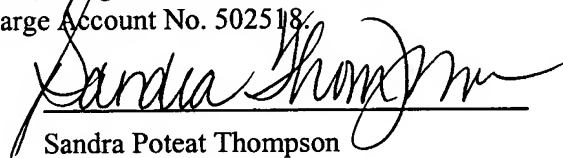
- \* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
  - \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
  - \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

### FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 502518.  
If any additional fee for claims is required, charge Account No. 502518.

Date: February 9, 2005



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